

**POLK COUNTY FRATERNAL ORDER OF POLICE, Inc.
LODGE #46**

**MAIL TO: ATTN: LODGE SECRETARY
P.O. Box 5295
LAKELAND, FLORIDA 33807-5295**

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MEMBERSHIP APPLICATION

Name: _____ DOB: ___/___/___

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone(s): Home: (____) ___/____

Work/Cell: (____) ___/____

Mailing Address (If Different):

Email: Work _____ Email: Home _____

Agency: _____ Date of Hire: ___/___/___ SS# ___/___/___

Beneficiary: _____ Relationship: _____

Address: _____ Phone: _____

Have you ever been a member of a Fraternal Order of Police Lodge before? Y / N

If YES, - where/Lodge# _____

Have you ever been arrested, except for minor traffic violations? Y / N. If YES, Please explain on the backside of this form.

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I understand that a background investigation may be conducted on me and falsification of this application will result in my application being rejected and/or my membership being terminated. I also understand that, should the application be approved and I am accepted for membership in Polk County Fraternal Order of Police, Inc., Lodge 46, I am subject to all rules and regulations of the Lodge. Any violation of the rules may result in the suspension or revocation of my membership.

Signature: _____ Date: ___/___/___

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Active Membership Dues: \$78.00

Check one: Renewal _____ New _____

Check one: Check/Cash Attached _____ If PCSO Member, Payroll Authorization _____

**POLK COUNTY SHERIFF'S OFFICE
PAYROLL DEDUCTION AUTHORIZATION**

I authorize the Polk County Sheriff's Office to deduct my F.O.P. dues of \$78.00 from my pay at a rate of \$3.00 per pay period for 26 pay periods. I acknowledge that if I terminate my employment with the Polk County Sheriff's Office, I will be obligated to pay the remaining dues balance to the Polk County Fraternal Order of Police, Inc., Lodge 46, in order to continue my membership.

MEMBER'S SIGNATURE: _____ MEMBER # _____
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